

16201 JETTON RD

00133129

5/29/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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MECKLENBURG COUNTY

Land Use & Environmental Services Agency
Environmental Health
Groundwater & Wastewater Services

Fax Coversheet

****NOTICE****

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To: Isabell Roberts Fax # 704 697 2466
Phone #:

From: K Rudd Date: 6-22-11

Number of pages transmitted: 8 (including coversheet)

Comments:

Copy of septic for
16201 Jetton Rd.

If you do not receive all pages of this fax please call (704) 336-5103.

☒ Original will not follow

☐ Original will follow via: ☐ U.S. Mail ☐ Hand Delivery ☐

700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236
Office #: (704) 336-5103 • Fax #: (704) 336-6894

16

LOCATION Lake Norman OWNER Dr. Glen Howell Jr. WHITE ✓ COLORED ____

ADDRESS Jetton Rd. OCCUPANT same WHITE ____ COLORED ____

PRIVY:
Type ____ wood ____ concrete
Number ____
New ____ ____ date
Repaired ____ ____ date

WATER SUPPLY:
Source well
If well, type
____ (Bored)
✓ (Drilled)
____ (Dug)

Distance from nearest pollution >50 ft.

SEPTIC TANK:
Material Pre-cast
Dimensions 1000 gal
Volume 1000 gal
Type secondary treatment 200'+100' nitrification line ____ filter trench

FHA CASE NUMBER ____

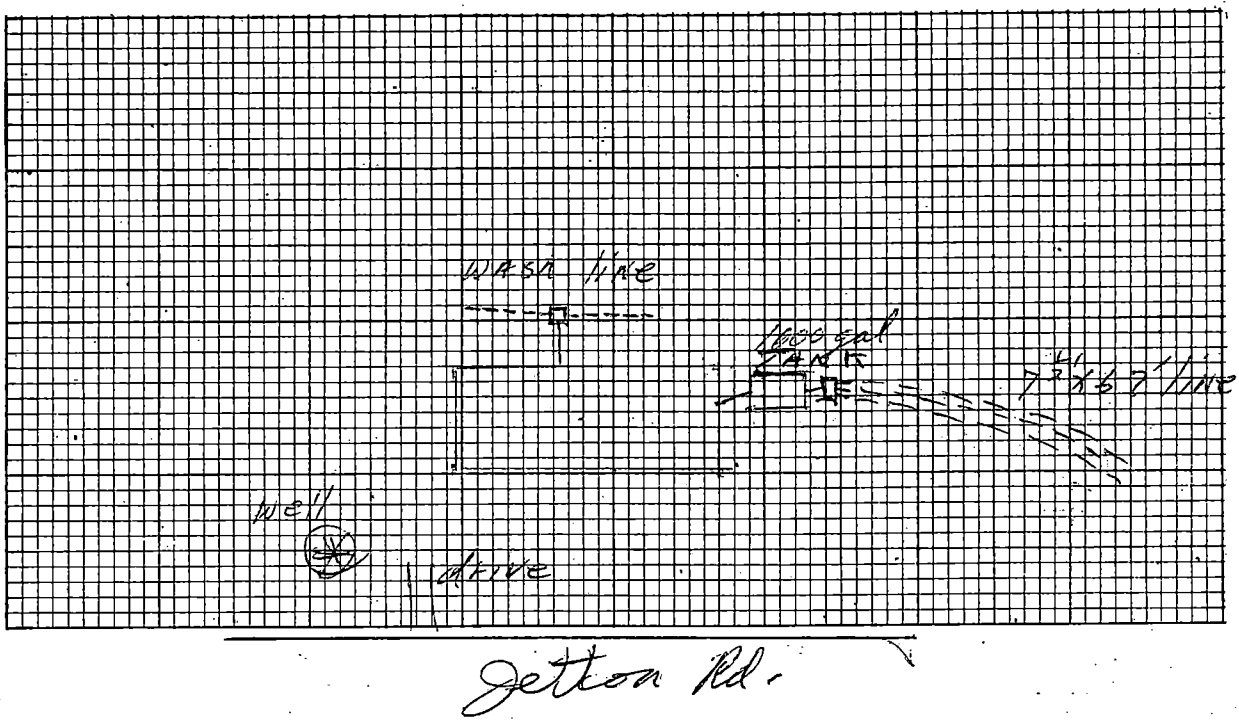
VA CASE NUMBER ____

No. of bedrooms 2
Permit Number 10542 Date 5-29-69
Approved yes Date 5-29-69
Approved by Sanderson
Contractor or Plumber Orbison & Honeycutt
Address Mooresville
Remarks P.R. 37
Good soil

SEWAGE DISPOSAL RECORD

Form No. 473 (Rev. 9/58)

NOTE: Make sketch of installation showing location of house, septic tanks, privies, water supplies on adjacent property, etc. Write in measurements in order that installations may be located at later date.



CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

4939A
FILE: ~~H69BFH40A~~ DATE: 9/9/93

TC: _____ ☐ L ☐ CRT

SERIAL № 15348

Name of Owner Rick Howell Juris.: _____

Address of Property 16201 Jetton Rd

Inspection Data:

Tank Material B —

Total Length of ~~Drainfield~~ Bed 100'

Number of Lines 2 @ 50'

Cover Depth 8"

Water Supply Source well

Distance to Water Source 750'

Excavation Inspected 9/9/93

Tank(s) Inspected —

Wash Line Inspected 9/9/93

High Water Alarm Inspected —

PLOT

Design: 1993 Repair, WL 300SFB CTR# 74

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☒ installed or constructed ☐ altered or repaired

☒ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☒ Certificate of Completion ☐ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: Washer line repair

Philo S. Walker R.S.
Environmentalist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

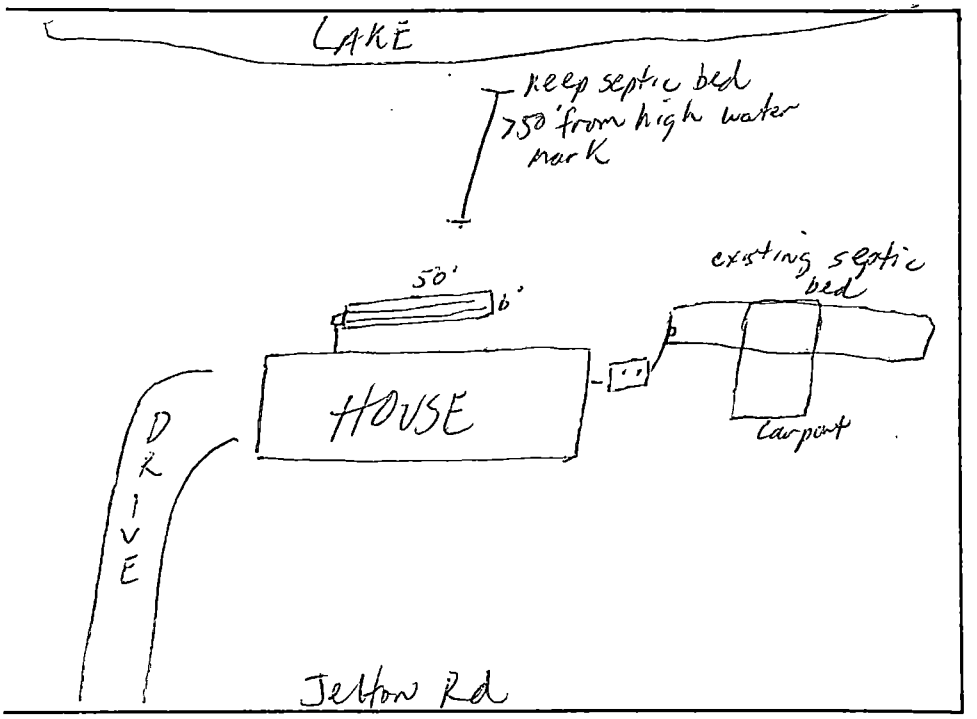
4939A

FILE: ~~H9B/9140A~~ DATE: 9/7/93

TC: 001-331-25

SERIAL Nº 15224

Permission is hereby given to ____ Install or Construct, V Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 9/7/93. All work shall be completed on or before 10/7/93, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank – gallons

Liquid Capacity of Dosing Tank – gallons

Tank Construction –

Absorption and/or Nitrification Lines:

~~Trench~~ Bed Width 6 feet

Total Line Length 100 feet

Number of Lines 2 (50')

Depth of Stone 18 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well >50' feet

NAME OF OWNER Rick Howell

LOCATION OF PROPERTY 16201 Jetton Rd.

Comments: Washer line Bed system. 6'wd x 50'long x 18"stone
Keep septic system >50' from any wells

Division or Section Head

Philo A. Walker
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

~~4939A~~
~~H69B/9460A~~

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:

NAME: Same
(last) (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: STATE: ZIPCODE:

Date:

PROPERTY OWNER:

NAME: Howren Richard G
(last) (first) (mi)

ADDRESS: 16201 Sutton Rd PHONE: (__) 892-1020

CITY: Huntersville STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 006-331-29

STREET ADDRESS: 16201 SUTTON RD

ZONING: _____

Township (check one):
[] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[X] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Richard Howren Date: 9-9

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

...

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Philo A. Walker 9/7/93
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 8/29/88

Name/Company Rick Harrell Const.

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Imp Permit
Replace M/H with
Drive
#4939A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

AUG 29 1988

Fee: $ 20 —

Ck #310
$20.00

D. Reinhardt
Completed by

Collected by

001-221-27

APPLICATION FOR AN IMPROVEMENT PERMIT

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

(OFFICE USE ONLY)
FILE: 4939A
TC: 001-331-29
SERIAL: No 15852
☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 16201 Jetton Rd (STREET NO. / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 3908 062S
⑤ SUBDIVISION: None ⑥ LOT: 273 ⑦ BLOCK: 2

OWNER

⑧ NAME: John (FIRST) Glenn (MIDDLE) Howell (LAST)
⑨ MAILING ADDRESS: 16201 Jetton Rd
⑩ CITY: Huntersville ⑪ STATE: NC ⑫ ZIP: 28078
⑬ PHONE: (WORK) 892-7913 ⑭ (HOME) 892-7040

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☒ Other (specify) Moving Mobile Home Building Over

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 2
㉕ Type?
㉓ Maximum occupancy? 2
㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☒ no
㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: J. Glenn Howell Jr.
Date: 8-26-88

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:
. . . No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair permit is issued by this Department.
. . . This permit is not transferable, and shall become null and void 36 months from the date of issuance. May use existing System: Utilize existing WASHOUT Trenches 0150 for washout connection

Judy J. Kain RS 9/7/88
Environmentalist Date

D. R. Smith RS 9/7/88
Director or Authorized Section Head Date

*This permit must be signed by the Director of Environmental Health or an authorized section head in order to be valid.

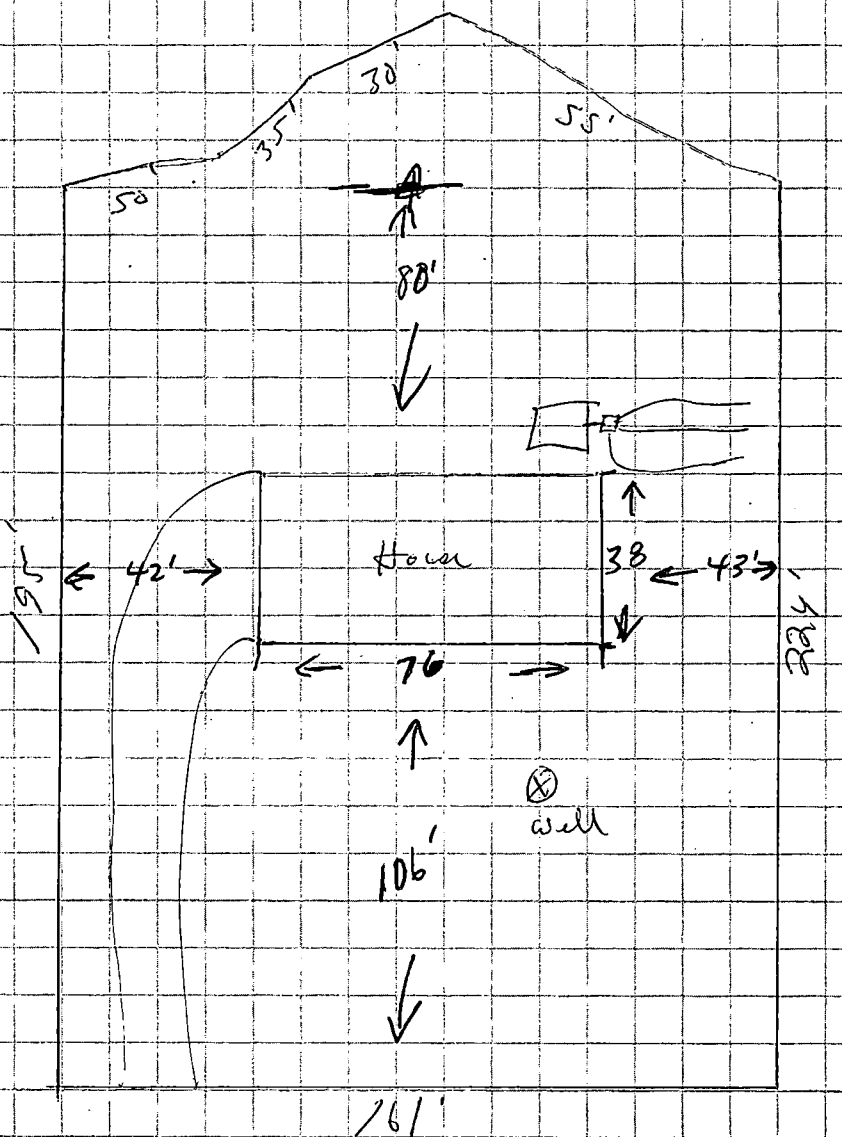
PROPOSED PLOT PLAN

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4939A

TC: _____

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



Signed: J. Thomas Howell Jr.

Date: 8-26-88

LOCATION Lake Norman OWNER J. Glenn Howell Jr. WHITE ✓ COLORED _____

ADDRESS Jetton Rd. OCCUPANT same WHITE _____ COLORED _____

PRIVY:

Type _____ wood _____ concrete

Number _____

New _____ date _____

Repaired _____ date _____

WATER SUPPLY:

Source well

If well, type

_____ (Bored)

✓ (Drilled)

_____ (Dug)

Distance from nearest pollution >50 ft.

SEPTIC TANK:

Material Pre-cast

Dimensions 1000 gal

Volume 1000 gal

Type secondary treatment 200'+100' nitrification line _____ filter trench

No. of bedrooms 2

Permit Number 10542 Date 5-29-69

Approved yes Date 5-29-69

Approved by Sanderbuck

Contractor or Plumber Orbison & Honeycutt

Address Mooresville

Remarks P.R. 37

Good soil

FHA CASE NUMBER _____

VA CASE NUMBER _____

SEWAGE DISPOSAL RECORD

Form No. 473 (Rev. 9/58)

NOTE: Make sketch of installation showing location of house, septic tanks, privies, water supplies on adjacent property, etc. Write in measurements in order that installations may be located at later date.

